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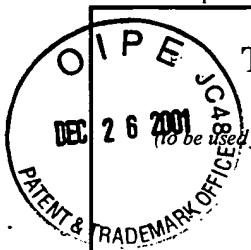
DEC 31 2000

PTO/SB/21 (08-00)

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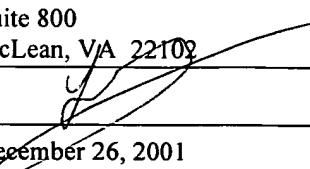
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 <p><b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)</p>		<p>Application Number</p> <p>09/699,466</p> <p>Filing Date</p> <p>October 31, 2000</p> <p>First Named Inventor</p> <p>Shunpei YAMAZAKI</p> <p>Group Art Unit</p> <p>2813</p> <p>Examiner Name</p> <p>T. Nguyen</p>
<p>Total Number of Pages in This Submission</p> <p>1</p>		<p>Attorney Docket Number</p> <p>740756-2222</p>

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> Other: Check in the amount of \$414 (extra claims fee)
<p>Remarks</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.</p>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Luan C. Do, Registration No. 38,434 Nixon Peabody LLP 8180 Greensboro Drive Suite 800 McLean, VA 22102
Signature	
Date	December 26, 2001

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DEC 26 2001

TOTAL AMOUNT OF PAYMENT (\$ 414.00)

Complete if Known		RECEIVED
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METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																																																																																		
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number 19-2380</p> <p>Deposit Account Name Nixon Peabody LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>3. 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SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Luan C. Do	Registration No. (Attorney/Agent)	38,434	Telephone (703) 790-9110
Signature			Date	December 26, 2001